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Letter to Editor

Human monkeypox disease: An overview

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Dear Sir,

Human Monkeypox is a Zoonotic disease of viral etiology caused by monkeypox virus, which belongs to Orthopoxvirus genus of Poxviridae family. The two clades of this virus are the West African clade and the Central African clade (also known as Congo Basin). For many decades, sporadic cases of monkeypox occurred in African continent.[1] Suddenly, cases were reported from 12 Member States of World health Organization across the world which were not endemic for monkeypox virus during the month of April-May 2022.[2] In India, first case was reported on July 14, 2022 and till date 23 cases have been reported.The reasons for this could be mutation of the virus, changes in pattern of behaviour among humans along with decline in smallpox immunity and relaxation of prevention measures which was followed during coronavirus disease 2019 Pandemic(Covid-19).[3] This has raised the concern throughout the world.

Though zoonotic, it can be communicable from one individual to another if he comes in close contact with skin lesions, contaminated materials such as bedding/towel, body fluids and respiratory droplets. Many cases in US and UK in May2022 have been reported amongst MSM. The mode of transmission among MSM could be the contact with infectious skin lesions during intimate sex.[4] The incubation period of this disease is from 6 - 13 days but can also range from 5 - 21 days.

The clinical presentation of monkeypox resembles that of smallpox. However, the infectivity, transmissibility and case fatality rate is not as high as small pox.[5]The distinctive feature of monkeypox is Lymphadenopathy, which is not seen in smallpox. It is a self-limited disease and symptoms last for 2-4 weeks. However, severe cases are reported among children, elderly and immunocompromised individuals. During initial Phase also called as invasive period which may last for 0–5 days, patient present with fever, myalgia, headache, back pain, intense asthenia and lymphadenopathy. The skin eruption can be seen within 1–3 days of fever. The rash will be more concentrated on the face and extremities rather than on the trunk. It is also known to affect oral mucous membranes (70% of cases), genitalia (30%), and conjunctivae (20%), and cornea. The progression of rash occurs in sequentially manner from macules to papules, vesicles, pustules and crusts which finally dry up and fall off. Monkeypox is diagnosed clinically and confirmed using PCR test. The samples are taken from skin lesions which could be the fluid from vesicles and pustules, or from the roof of vesicles/pustules, and dry crusts. Vaccination against smallpox is known to offer 85% protection against monkeypox. Since 2021 November, vaccination for those Healthcare workers exposed to monkeypox was advised by the Advisory Committee and Immunization Practices (ACIP). The two vaccines recommended are JYNNEOS (Imvamune or Imvanex) and ACAM2000. Apart from this, newer vaccine such as MVA-BN and specific

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antiviral treatment with tecovirimat were also approved for monkeypox, in 2019 and 2022 respectively. However, these countermeasures are not yet widely available.[6]

With Good Public Health Response to monkeypox that includes good surveillance system in place for identifying cases, tracing the contacts, laboratory investigation, isolation, clinical management along with supportive care, we are able to control the disease.

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